Exhibit A

Certificate of Assumed Name

0300362.09

deintoob ASN

Elaine N. Walker, Secretary of State Received and Filed: 5/20/2011 12:54 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Corporations Business Filings PO Box 718 Prankfort, KY 40802 (602) 584-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)			ASN
Pursuant to the provisions of KRS following statement: 1. The assumed name is: Earl			e name and, for t	ihai purpose, submits the
7. The assumed name is: 2. The name of the business ent name: Business Tolecom, Inc. Name must be identical to the name or	ity (and in the case o	i general partnership	, ine parinere) the	it is/are adopting the assumed
3. The "real name" is (you must s	•	•	•	
a Domestic General Partnership				tnership
a Domestic Limited Lisb		a Fo	reign Limited Liab	ility Partnership
a Domestic Limited Part	•	a Fo	reign Limited Part	nership
a Domestic Business Tr	,		reign Business Tr	
a Domestic Corporation		וכייין	reign Corporation	
a Domestic Limited Liab		7-1	reign Limited List	
4. This application will be effect or the delayed effective cannot it. 5. The business is organized as	be prior to the date th	ie application is filed.	date and/or time The date and/or	is provided. The effective duly time is (Delayed effective date end/or time)
6. The malling eddress is:	ta sinsing in its sie.	and the same of th		
1375 Peachtree Stre	et	Atlantá	GΑ	30309
Street Address or Post Office Box No		Olty	Histo	χίρ
I declare under penalty of perjui				
Authorized Party Signature	Samuel R	. 5 4 5 11 11 10 11 10 11 11 11	General Countel and 9-	scretory May 9, 2011

Exhibit B

Interexchange Tariff

Exhibit D

Access Tariff

Exhibit C

Local Exchange Tariff